

MEDICAL ASSOCIATES HEALTH PLANS
ADMINISTRATIVE POLICY AND PROCEDURES MANUAL

POLICY NUMBER: 3

POLICY TITLE: Members' Rights and Responsibilities

POLICY STATEMENT: Medical Associates Health Plans (MAHP) requires all practitioners demonstrate and foster a commitment to treating patients in a manner that respects their rights. MAHP also believes that all patients have responsibilities for cooperating with those providing health care services and have developed members' rights and responsibilities.

DESCRIPTION:

MAHP recognizes the right for confidentiality and incorporates the following member rights:

You have the Right to:

1. receive information in a way that works for you (in languages other than English, i.e. in Braille, in large print, or other alternate formats, etc.)
2. be treated with fairness, respect and recognition of dignity and the right to privacy recognized at all times.
3. participate with practitioners in making decisions about your health care. We must support your right to make decisions about your care.
4. a candid discussion of appropriate or medically necessary treatment options for your conditions, regardless of cost or benefit coverage.
5. receive timely access to your covered services.
6. receive information about the Health Plan, its network of practitioners and providers, rights and responsibilities and your covered services.
7. voice complaints or appeals about the Health Plan or the care it provides.
8. make recommendations regarding the organization's member rights and responsibilities policy.

MAHP recognizes and incorporates the following member responsibilities:

You are expected to:

1. become familiar with your covered services and the rules you must follow to get these covered services.
2. tell us if you have any other health insurance coverage in addition to our plan.
3. tell your doctor and other health care practitioners that you are enrolled in our plan.
4. supply information (to the extent possible) that the Health Plan, its practitioners and providers need in order to provide care.
5. ask questions, follow plans and instructions for care that you have agreed to with your practitioners.
6. understand your health problems and participate in developing mutually agreed-upon treatment goals, to the degree possible.
7. be considerate.
8. pay what you owe.
9. tell us if you move.
10. call Member Services for help if you have questions or concerns.

The above criteria will be incorporated into the "Members' Rights and Responsibilities" document.

PROCEDURE:

1. The development and revision of Members' Rights and Responsibilities is the responsibility of MAHP. These changes will reflect the input and guidance of the Quality Improvement Committee and/or Clinic Board of Directors.
2. The Quality Improvement Committee is responsible for reviewing and approving the Members' Rights and Responsibilities policy and documents.
3. Upon approval by the Quality Improvement Committee, Members' Rights and Responsibilities are sent to the Medical Associates Clinic Board of Directors for review and approval. If recommendations or revisions are deemed necessary by the Board of Directors, these are channeled through the Quality Improvement Committee via the chairperson.
4. After final approval by the Board of Directors, the Members' Rights and Responsibilities are communicated by the Managed Care Organization to practitioners, providers and patients in the following manner:
 - A. Route of Communication to Practitioners and Providers:
 1. A copy of the policy, Members' Rights and Responsibilities, is available to them via the internet on "my eLINK". A paper copy is also available upon request.
 2. The policy and documents is placed in the Provider Reference Guide.
 3. All revisions to the policy and/or documents are communicated via the provider newsletter.
 - B. Route of Communication to Members:
 1. The policy statement and the documents are found on my eLINK.
 2. All revisions to the policy and documents are communicated in the members' newsletter.
 3. A copy of the documents may be available to patients in practitioners' and providers' office entrance/waiting rooms.
 4. MAHP incorporates feedback received from member satisfaction surveys, practitioner satisfaction surveys, member complaints and suggestions boxes regarding changes needed in MAHP policies and procedures via the Quality Improvement Committee.
 5. Medicare members affected by the termination of a primary care practitioner or a practice group will be notified (via letter) at least 30 calendar days, 60 days for Illinois commercial members, before the effective termination date, or as soon as MAHP receives notice. Commercial members are notified by the terminating provider. Members are also mailed information on how to select a new primary care practitioner.

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Zach Keeling
Chief Executive Officer
Medical Associates Clinic & Health Plans

Date

Jill Mitchell
Chief Operating Officer
Medical Associates Health Plans

Date

Dr. Westpheling
Interim Acting QIC Chair
Quality Improvement Committee

Date

Chad Nachtman, MD
President, Board of Directors
Medical Associates Clinic

Date

Original Effective Date: 09/94
Revised Dates: 08/95, 07/97, 01/99, 01/01, 01/03, 03/05, 01/08, 08/09, 09/10, 11/11, 12/12, 11/13, 11/15, 11/16, 10/18, 5/19, 9/20, 9/21, 9/23
Reviewed Dates: 07/96, 06/98, 01/00, 01/02, 02/04, 01/05, 02/06, 02/07, 11/14, 11/17

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